## **FFC**

4020070001

## REPORT OF RECEIPTS

14 JAN 31 PM 5:31

SECRETARY OF THE SENATEAGE 1/544
PUBLIC RECORDS

1. NAME OF COMMITTEE (in full)  Friends of Mary Landrieu, Inc.  ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  Committee (in full)  TYPE OR PRINT   Example: If typing, type over the lines.  Fit points and street over the lines.  Suite 600  Washington	12FE 4M5  DC 20005	
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  CITY  ST  C C00325126  3. IS THIS X NEW	DC 20005	ZIP CODE STATE V DISTRICT
ADDRESS (number and street)  Check if different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER   C C00325126  TO0 13th Street, NW  Suite 600  Washington  I CITY  ST	DC 20005	ZIP CODE STATE V DISTRICT
ADDRESS (number and street)  Check if different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER   C C00325126  C TOUR 13th Street, NW  Suite 600  Washington  CITY  ST.	AMENDED	ZIP CODE STATE ▼ DISTRICT
Check if different than previously reported. (ACC)  Washington  CITY  C C00325126  3. IS THIS X NEW	AMENDED	ZIP CODE STATE ▼ DISTRICT
Check if different than previously reported. (ACC)  Washington  CITY  C C00325126  Suite 600  Washington  CITY  ST	AMENDED	ZIP CODE STATE ▼ DISTRICT
than previously reported. (ACC)  Washington CITY  ST.  C C00325126  3. IS THIS X NEW	AMENDED	ZIP CODE STATE ▼ DISTRICT
C C00325126 3. IS THIS X NEW	AMENDED	STATE ▼ DISTRICT
0 000025120		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (b) 12-Day PRE-Election Report for the:		
April 15 Quarterly Report (Q1)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)	A Care and Care a	in the
October 15 Quarterly Report (Q3) Election on	والمناسية والمناسبة	State of
X January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the:	<u>,</u>	
General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)  Election on	grad grade grade (see	in the State of
5. Covering Period 10 01 2013 through 12	31 J	2013
certify that I have examined this Report and to the best of my knowledge and belief it is true, Type or Print Name of Treasurer Nancy Marsiglia	, correct and con	nplete.
Signature of Treasurer Nancy Marsiglia Carry M Date	01	0 0 7 Y Y 1 3 1 2 2 1 4 2 1 3 1 4 3
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this	s Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only	,	EC FORM 3 (Revised 02/2003)